

RECORD OF WITNESS TESTIMONY

THIS FORM MUST BE USED FOR ALL PERSONS GIVING STATEMENTS INCLUDING INMATE, STAFF MEMBER AND STAFF REPRESENTATIVE.

INMATE NAME GONZALES, PAULO	DOC NUMBER 394340	FACILITY NAME CCI
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HEARING DATE (mm/dd/yyyy) 05/04/2017	HEARING TIME 10:30 a.m.	CONDUCT REPORT NUMBER 2953754
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NAME OF PERSON TESTIFYING	<input type="checkbox"/> Inmate	<input type="checkbox"/> Employee	<input type="checkbox"/> Other
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SUMMARY OF TESTIMONY:

NAME OF PERSON TESTIFYING	<input type="checkbox"/> Inmate	<input type="checkbox"/> Employee	<input type="checkbox"/> Other
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SUMMARY OF TESTIMONY

NAME OF PERSON TESTIFYING	<input type="checkbox"/> Inmate	<input type="checkbox"/> Employee	<input type="checkbox"/> Other
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SUMMARY OF TESTIMONY

NAME OF PERSON TESTIFYING	<input type="checkbox"/> Inmate	<input type="checkbox"/> Employee	<input type="checkbox"/> Other
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SUMMARY OF TESTIMONY

STAFF REPRESENTATIVE TESTIFYING Peetz
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SUMMARY OF TESTIMONY Please see attached

NAME OF STAFF MEMBER GIVING COPY TO INMATE (Please Print)

JP Peetz

DATE COPY GIVEN TO INMATE (mm/dd/yyyy)
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5-8-17

EXHIBIT-13